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Bib Data Sheet

CONFIRMATION NO. 4699

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/778,484   | <b>FILING DATE</b><br>02/07/2001<br><b>RULE</b>   | <b>CLASS</b><br>348           | <b>GROUP ART UNIT</b><br>2614   | <b>ATTORNEY DOCKET NO.</b><br>10257US01 |
| <b>APPLICANTS</b><br>Christopher J. Edge, Saint Paul, MN;<br>Timothy A. Fischer, Mendota Heights, MN;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/193,725 03/31/2000<br>AND CLAIMS BENEFIT OF 60/246,890 11/08/2000 *<br>(*) Data inconsistent with PTO records.  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/12/2001</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>36               |
| <b>INDEPENDENT CLAIMS</b><br>3   |   |                               |   |   |
| <b>ADDRESS</b><br>Attention: William D. Bauer<br>Imation Corp.<br>Legal Affairs<br>P.O. Box 64898<br>St. Paul, MN 55164-0898   |   |                               |   |   |
| <b>TITLE</b><br>Color image display accuracy using comparison of complex shapes to reference background  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>998  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |



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## \*BIBDATASHEET\*

CONFIRMATION NO. 4699

Bib Data Sheet

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/778,484  | <b>FILING OR 371(c) DATE</b><br>02/07/2001<br><b>RULE</b>   | <b>CLASS</b><br>345           | <b>GROUP ART UNIT</b><br>2672   | <b>ATTORNEY DOCKET NO.</b><br>10257US01 |
| <b>APPLICANTS</b><br>Christopher J. Edge, Saint Paul, MN;<br>Timothy A. Fischer, Mendota Heights, MN;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/631,312 08/03/2000<br>and claims benefit of 60/193,725 03/31/2000<br>and claims benefit of 60/246,890 11/08/2000   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/12/2001</b>  |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>36               |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |   |
| <b>ADDRESS</b><br>STEVEN J. SHUMAKER<br>SHUMAKER & SIEFFERT, P.A.<br>8425 SEASONS PARKWAY, SUITE 105<br>ST. PAUL, MN 55125  |   |                               |   |   |
| <b>TITLE</b><br>Color image display accuracy using comparison of complex shapes to reference background   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1192  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |